MUSCOGEE (CREEK) NATION OFFICE OF THE ATTORNEY GENERAL

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INTAKE FORM

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Please present your Citizenship Card or a copy upon return of this Intake Form

Please place a check by the type of case you need assistance with:

WILL:		GU	ARDIANSHIP: _			
WILL THIS CASI	E BE C	ONTESTED	? (check one):	YES		NO
DATE:			COUNTY O	F RESIDENCE: _		
ROLL #:						
NAME:I						
I	Last		Firs	t		MI
ADDRESS:						
ADDRESS:	Street/I	P.O. Box	City	State	Zip	
		(Mobile)				
E-MAIL ADDRES	SS:					
ARE THERE AN involve parties or				s: Child(ren), Atto	rney(s), P	arents, etc. This should
ROLL #:						
PARTY				RELATIONSHIP.		
ADDRESS:				PHON	1E:	
ROLL #:			_	REI ATIONSHIP		
ADDRESS:				PHON	ΙΕ:	
				LATIONSHIP		
PARTY			RE	LATIONSHIP	·-·	
AUURESS.				PH()N	и — .	

BRIEFLY EXPLAIN WHAT YOU NE	ED ADVICE ABOUT OR ASSISTANCE WITH:	
	FOR OFFICE USE ONLY	
Date Assigned:	<u> </u>	
Individual Assigned to Case:		